## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

12863951

| ı   |  | CI AIMS (                                 | C EU ED               | DAGE                                |            |                  |          |                |  |                |             |  |
|---|--|---|-----------------------|-------------------------------------|------------|------------------|----------|----------------|--|----------------|-------------|--|
| _   | CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |                       |                                     |            |                  |          | SMALL<br>TYPE  | ENTITY   | OR             |             | R THAN<br>ENTITY                                 |
| TOTAL CLAIMS  |  |   | 1.6                   | 1.6                                 |            |                  |          | RATE           | FEE  | ٦. ٔ           | RATE        | FEE  |
| FOR   |  |   | NUMBE                 | NUMBER FILED                        |            | NUMBER EXTRA     |          | BASIC FE       | € 385.00   | OR             |             |  |
| 7   | OTAL CHARGE  | (6 minus 20=                              |                       | • ()                                |            |                  | X\$ 9=   |                | OR   | X\$18=         |             |  |
| INDEPENDENT CLAIMS 2  |  |   |                       | 2 minus 3 = C                       |            |                  |          | X43=           | † ·  | OR             | X86=        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                       |                                     |            |                  |          | . 4 45         | <del>                                     </del> | ┧~~            |             | <del>                                     </del> |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |  |   |                       |                                     |            |                  |          |                |  | +290=          |             |  |
| CLAIMS AS AMENDED PART II   |  |   |                       |                                     |            |                  |          |                |  |                |             |  |
|   | ,  |   | (Column 2) (Column 3) |                                     |            |                  | SMALL    | ENTITY         | OR   | OTHER<br>SMALL |             |  |
| <b>AMENDMENT A</b>  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGHE<br>NUME<br>PREVIO<br>PAID F   | ER<br>USLY | PRESENT<br>EXTRA |          | RATE           | ADDI-<br>TIONAL<br>FEE                           |                | RATE        | ADDI-<br>TIONAL<br>FEE                           |
| IND   | Total  | •   | Minus                 |                                     |            |                  |          | X\$ 9=         |  | OR             | X\$18=      |  |
| AME   | Independent  | ENTATION OF M                             | Minus                 | DENOCALT.                           | C1 4/14    | -                |          | X43≖           |  | OR             | X86=        |  |
|   | 7.000  |   | OLTIPLE DE            | PENDENT                             | CLAIM      | لبلب             | Ī        | +145=          |  | OR             | +290=       |  |
|   | •  |   |                       |                                     | •          |                  | L        | TOTAL          |  |                | TOTAL       |  |
|   |  | (Column 1)                                | •                     | (Colum                              | n 2)       | (Column 3)       | A        | DDIT. FEE      |  | Jon ,          | VODIT. FEE  | •  |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ER<br>JSLY | PRESENT<br>EXTRA |          | RATE:          | ADDI-<br>TIONAL<br>FEE                           |                | RATE        | ADDI-<br>TIONAL                                  |
|   | Total  | •   | Minus                 | ••                                  |            | •                |          | X\$ 9=         |  | OR             | X\$18=      | FEE  |
| AMENDMENT   | Independent  | •   | Minus                 | ***                                 |            | • .              | ┢        | X43≠           | 1  |                | X86=        |  |
|   | FIRST PRESE  | NTATION OF MU                             | LTIPLE DEF            | PENDENT                             | MIAL       | . 🗆              | H        |                |  | OR             |             |  |
|   |  |   |                       |                                     |            |                  | L        | +145=<br>TOTAL |  | OR             | +290=       |  |
|   | •  | (Calumn 4)                                |                       |                                     |            | •                | AD       | OIT. FEE       |  | OR A           | DOTAL DOTAL |  |
| ,   | `  | (Column 1)<br>CLAIMS                      |                       | (Column<br>HIGHES                   | i . T      | (Column 3)       |          |                |  | _              |             | <i>.</i>   |
| _ 1   |  | REMAINING<br>AFTER<br>AMENDMENT           |                       | NUMBE<br>PREVIOU<br>PAID FO         | SLY        | PRESENT<br>EXTRA |          | RATE           | ADDI-<br>TIONAL<br>FEE                           |                | RATE        | ADDI-<br>TIONAL                                  |
|   | Total .  | •   | Minus                 | **                                  |            | ,                | 1        | <b>(\$ 9=</b>  |  | <u>.</u> ,†    | X\$18=      | FEE  |
|   | ndependent   |   | Minus                 | 444                                 |            | 8                | $\vdash$ | (43=           |  | " <b>-</b>     |             |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X43= OR X86=                         |  |   |                       |                                     |            |                  |          | <b>₩</b>       |  |                |             |  |
| of the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                       |                                     |            |                  |          |                |  |                |             |  |
|   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box, in column 1. |   |                       |                                     |            |                  |          |                |  |                |             |  |
| T   | e "Highest Numb  | per Previously Paid                       | For" (Total or        | Independent)                        | is the h   | ighest number f  | ound i   | in the appr    | opriate box,                                     | colun          | ın t.       |  |

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|  | Applic   |
|  | Inven    |

| AMEN   | AMENDMENT TRANSMITTAL LETTER   |   |                                   |                       |           |                  |  |  |  |
|--|--|---|-----------------------------------|-----------------------|-----------|------------------|--|--|--|
| Applicatio<br>10/803,951-Co  |  | Filing March 19                         |                                   | Examiner<br>E. Ortiz  |           | Art Unit<br>2815 |  |  |  |
| Applicant(s): Ru-  | Shi LIU et al.   |   |                                   |                       |           |                  |  |  |  |
| Invention: PHOSE   | PHOR MATER   | IAL AND WHI                             | TE LIGHT-EN                       | MITTING DEVICE U      | SING TH   | E SAME           |  |  |  |
| MS Amendment<br>Commissioner for<br>P.O. Box 1450<br>Alexandria, VA 223<br>Transmitted here<br>The fee has beer                                    | 313-1450<br>with is an ame   |   |                                   | • •                   |           |                  |  |  |  |
|  | •  | CLAIM                                   | S AS AMEN                         | DED                   |           |                  |  |  |  |
|  | Claims<br>Remaining<br>After<br>Amendment  | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                  |           |                  |  |  |  |
| Total Claims   | 16   | - 20 =                                  | 0                                 | x                     |           |                  |  |  |  |
| Independent<br>Claims  | 2  | - 3 =                                   | 0                                 | ×                     |           |                  |  |  |  |
| Multiple Dependent Claims (check if applicable)  |  |   |                                   |                       |           |                  |  |  |  |
| Other fee (pleas   | Other fee (please specify): Extension for response within first month; Statutory Disclaimer 250.00 |   |                                   |                       |           |                  |  |  |  |
| TOTAL ADDIT  | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 250.00  |   |                                   |                       |           |                  |  |  |  |
| x Large Entity   |  |   |                                   | Small Entity          |           |                  |  |  |  |
| Please char  | al fee is require<br>ge Deposit Acc<br>copy of this she  | count No                                |                                   | n the amount of \$ _  |           | ·                |  |  |  |
| X A check in the   | ne amount of \$  | 250.00                                  | to cover                          | the filing fee is enc | losed.    |                  |  |  |  |
| Payment by   | credit card. Fo  | orm PTO-2038                            | is attached.                      |                       |           |                  |  |  |  |
| The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. |  |   |                                   |                       |           |                  |  |  |  |
|  | ny overpaymer  |   |                                   |                       | •         |                  |  |  |  |
| x Charge a   | any additional fill  | ing or applicatio                       | n processing                      | fees required under 3 | 37 CFR 1. | 16 and 1.17.     |  |  |  |
| JoeWickinney I<br>Attorney Reg. N  |  | <u>-</u> -                              |                                   | Dated:                | Novembe   | r 3, 2005        |  |  |  |
| BIRCH, STEW/<br>8110 Gatehous<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, V   | e Road `   |   | _P                                |                       | ·         |                  |  |  |  |

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